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Intestinal Obstruction in a Dog

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2 **Intestinal Obstruction in a Dog.** On August 3, 1954, a 6-year-old female Collie was admitted to the Stange Memorial Clinic with a history of having an upset stomach for the past several days. Penicillin had been administered, but no improvement was noticed. The animal was examined and found to be extremely depressed and in a toxic condition. The conjunctiva appeared injected and the temperature was 103°F. A hard mass could be detected upon palpation of the lower abdomen on the left side.

A diagnosis of an intestinal foreign body was made and the animal was prepared for surgery. She was given 3 cc. of Demerol intramuscularly as a sedative. Then 500 cc. of 5 percent glucose in normal saline was administered subcutaneously, followed by 200 cc. of 5 percent glucose intravenously. Due to the toxic condition of the dog a general anesthetic was not used. Instead, an epidural anesthetic of 3 cc. of 4 percent procaine was administered.

The abdominal cavity was opened by a ventral mid-line incision and an obstruction was found in the ileum. The intestine was swollen with a bluish black color evident in this area. A longitudinal incision was made through the wall of the ileum through which a 2-inch piece of corn cob was removed. Observation of the affected portion of the intestine showed a return to normal color, so it was not removed. The site of the obstruction was irrigated and the incision in the ileum was closed with a double row of Halsted sutures. The abdominal wall was closed in three layers. A continous glovers stitch using No. 00 chromic catgut was placed in the peritoneum and a second row included muscles and fascia layers. The skin was closed with interrupted mattress sutures using 35 gauge stainless steel.

An intraperitoneal injection of 500,000 units of aqueous potassium penicillin G was given at the time of the operation and that evening 125 mg. terramycin was administered intravenously. The following day the dog was given 1 cc. eschartin, 500 cc. of 5 percent glucose, 125 mg. terramycin intravenously and 250 mg. achromycin orally. The 500 cc. dose of dextrose was continued for two more days.

The second day the dog drank a cupful of warm water containing some elixir of vitamin B complex. The animal was also started on a series of six daily doses of 500 mg. Poloyotic to reduce the number of intestinal microorganisms. The third day the bandage was removed; the sutures were in place and the incision appeared to be healing nicely. The dog was then placed on a milk diet.

On the fifth day the dog was fed ¼ can i/d prescription diet in addition to the 500 cc. of milk that it was already receiving. The temperature had dropped to 101.3°F. On the seventh day this ration was doubled and on the ninth day the animal was placed on full feed. The sutures were removed from the abdominal incision and the animal was sent home on August 13, 1954.

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3 **Torsion of the Abomasum in the Bovine.** About the middle of July, 1954, a Guernsey cow was noted to be off feed by the owner. The diagnosis, made by the local veterinarian, was a digestive disturbance. The cow responded temporarily when treated with gastric stimulants and dextrose. However, one week later, the cow again went off feed. Mollasses in her feed did not stimulate the cow's appetite and milk production was cut in half. The cow was again examined by the local veterinarian on August 17, and he recommended the cow be brought to the clinic for an exploratory rumenotomy.

A rumenotomy was performed at the clinic on August 20. No hardware was discovered, but rather, a torsion of the abomasum existed. This organ had turned under and displaced itself to the left. It was so distended with gas that the reticulum was collapsed. The torsion was corrected from outside the rumen and the incision wounds were sutured. The